

1-year Fellowship in Pediatric Palliative Medicine For South and Southeast Asia

Prospectus and Application Form

Important Dates:

There are 3 positions available each year. The positions start in January each year. The fellowship is 1-year in duration.

Course start date: Jan 6, 2025

Course completion date: Jan 8, 2026

Note: Orientation Weeks (full time classes- require time away from clinical duties): Jan 6-10 and Jan 13-17, 2025

Course Fee (if accepted): \$500 USD

Candidates with financial hardship are encouraged to apply for course scholarship (separate application available upon request)

Application Dates for Jan 2025 intake:

May 25, 2024- First day of Application Submission

July 10, 2024 - Last Day of Application Submission

July 15, 2024- Request for Interviews will be sent to Candidates

July 15-22, 2024 - Interviews with Candidates

July 31, 2024- Declaration of results of selected Candidates

Dear Colleagues,

We are pleased to announce that we will be offering a one-year Pediatric Palliative Medicine Fellowship for physicians in South and Southeast Asia which will include clinical and online training with a dedicated team of international, regional and local palliative care experts and specialists. This training program is being offered jointly by the Hyderabad Centre for Palliative Care and Two Worlds Cancer Collaboration.

This training program provides comprehensive subspecialty training in pediatric palliative care, with trainees expected to become leaders and specialists in this area after their training.

Please find the program description and application process described below. We look forward to advancing the field of Pediatric Palliative Medicine and supporting the training of future specialists in this area.

Warmly

Dr. Gayatri Palat

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MNJ Institute of Oncology and RCC (Hyderabad)
Director, PAX Asia Program, Two Worlds Cancer
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Director, Hyderabad Centre for Palliative Care

Dr. Megan Doherty

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Program Director, Palliative Care, Children's Hospital of
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Assistant Professor, University of Ottawa, Canada

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Introduction:

Palliative care for children encompasses “the active total care of the child's body, mind and spirit,” which assesses and seeks to relieve a child's physical, psychological, and social distress. This care includes support for the whole family. Early integration of palliative care is recommended and should begin when a life-threatening or life-limiting condition is diagnosed and continue regardless of whether or not a child receives treatment directed at the disease (1).

Pediatric palliative medicine is an integral component of holistic care for children facing serious illnesses. These illnesses include cancer as well as many other life-threatening or life-limiting conditions, including HIV/AIDS, protein energy malnutrition, congenital heart disease, serious neonatal conditions (including birth asphyxia), and congenital anomalies (2). A recent study estimating the global need for pediatric palliative care projected that 4.25 million children in India need palliative care at any one time, including 1.63 million who require specialized palliative care (3).

Physician, nurses, counsellors, psychologists, play therapists, physiotherapists and a broad range of other health care professionals can provide pediatric palliative care, using specialized knowledge and skills to address the unique needs of children and their families.

1. WHO | WHO Definition of Palliative Care [Internet]. WHO. [cited 2016 Jun 26]. Available from: <http://www.who.int/cancer/palliative/definition/en/>
2. Global Atlas of Palliative Care at the End of Life [Internet]. 2014. Available from: http://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf
3. Connor SR, Downing J, Marston J. Estimating the Global Need for Palliative Care for Children: A Cross-sectional Analysis. *J Pain Symptom Manage*. 2017;53(2):171–177.

The Pediatric Palliative Medicine Fellowship Program

Aims:

- To build the capacity of physicians to provide palliative care services for children across South and Southeast Asia.
- To train physicians who will become leaders in the field of palliative care for children in South and Southeast Asia.

Eligibility Criteria: Applicants must have a **post-graduate medical degree** and preference will be given to those whose degree is in **Pediatrics**. If candidates have a post-graduate degree in another clinical specialty, they should clearly mention in their statement of interest how their previous work and experience would ensure that they have sufficient knowledge of pediatrics to complete this fellowship.

Selection of Candidates: The selection will be done by a committee. Since program focusses on developing clinicians who will be future leaders in the field of pediatric palliative medicine, the statement of purpose and interview will be given considerable weight for each applicant. All applicants will be informed by email about whether their application was successful.

Course Fee: \$500 USD (includes institutional fees and other resources).

Background and Partners

Hyderabad PPC fellowship

This fellowship program builds on the established strengths of the Hyderabad-based clinical pediatric palliative care fellowship program, which has been running at MNJ Regional Cancer Centre and Institute of Oncology and Two Worlds Cancer Collaboration (TWCC) for the past 5 years. This South/Southeast Asian fellowship program will allow trainees from outside of India to access the same level of teaching as is offered in the clinical fellowship without needing to leave their home facility for a whole year.

Through interaction with a large and diverse group of palliative care specialists and other experts from India, Bangladesh, Nepal, Canada, Australia, New Zealand, South Africa and the UK, the fellow will develop key clinical, research and leadership skills. (See appendix 3 for core faculty members). The teaching and learning program will be complemented by in-person palliative care clinical exposures, to adult and pediatric palliative care, as well as community-based programming. The clinical placements will be determined in consultation with local palliative care professionals and are dependent on the local palliative care situation in the fellow's home country.

Two Worlds Cancer Collaboration (www.twoworldscancer.ca/#home) is a Canadian non-profit foundation whose focus is to reduce the burden of cancer and associated suffering in

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resource limited settings. TWCC supports the Pediatric Palliative Care Program through partnership with MNJ Hospital and the Palliative and Pain Relief Society in Hyderabad, to provide inpatient and outpatient pediatric palliative care at MNJ as well as Kumudini Devi Hospice, home-care services, and services for children in rural areas.

Hyderabad Centre for Palliative Care

This is a regional hub for the state of Telangana, India, and is a leading centre in providing palliative care training for health care professionals from a variety of disciplines.

Other Training Courses include:

- 6-week Basic Certificate Course in Palliative Medicine (for MBBS doctors).
- 6-week Basic Certificate Course in Palliative Nursing (for BSc/Diploma holders in nursing).
- 4-week Advanced Certificate Course in Pediatric Palliative Medicine and Nursing (for doctors and nurses who have previously completed the 6-week course and desire more advanced training in pediatrics).

Description of the Fellowship Program

Goals of the Program

Upon completion of this training program, a physician is expected to be a competent subspecialist in Pediatric Palliative Medicine, capable of assuming a consultant's role in the subspecialty. The physician must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research, as it applies to Pediatric Palliative Medicine. Only candidates who have completed post-graduate training are eligible for this training program, with preference for pediatric-trained candidates.

During the course of training, the physician must acquire the medical knowledge, clinical skills, and professional attitudes needed to provide exemplary care throughout the continuum of life, death and bereavement for patients with chronic or life-threatening illness and patients' families. The physician must acquire an understanding of the basic physiological principles of pain and other common symptoms experienced by the population served, to expertly assess and manage the complex issues associated with chronic and life-threatening illness.

The physician must develop the ability to function as a consultant in the inpatient, outpatient, and community settings, as part of an interprofessional team. Expertise in communication to promote the development of supportive, respectful, caring relationships, along with moral and ethical principles, especially related to end-of-life decision making, are essential.

Physicians must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of subspecialist

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practice, the physician must be able to address moral and ethical issues, and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

Educational Program

The educational objectives of the Program are defined and operationalized within the fellowship structure, longitudinal experiences, and formal teaching curriculum. See Appendix 1 below for more detailed structure.

Clinical rotations in the Program are distributed between local palliative care service delivery sites and external pediatric palliative care programs from a variety of income and service settings (both high and low-and middle-income countries, home-based, hospice and hospital-based programs). See Appendix 2 for more details (below).

Assessment: The fellowship incorporates regular clinical assessments, case-based discussions, research presentations, written reflection, and a final written and viva examination. The focus is on ensuring that fellows become competent in the practice of pediatric palliative medicine.

For further details, please contact:
Program Coordinator: Ms. Rizwana Hussain
Two Worlds Cancer Collaboration
programsprojectmanager@twoworldscancer.ca

Application Instructions:

Instructions: Please submit all of the following documents to Ms. Rizwana Hussain (Program Coordinator, programsprojectmanager@twoworldscancer.ca)

- 1) **Statement of purpose**- a brief statement on why you wish to pursue this training programme and how you would use the training in your future career (maximum of 500 words).
- 2) **CV**
- 3) **Application Form**

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Application Form:

Name (In Full-as appearing in certificate): _____

MCI/DCI Reg. No.: _____ **Date of Reg:** _____ **State:**

Date of Birth: _____ **Sex:** _____

Correspondence Address: _____

Street: _____ **City:** _____

State: _____ **Country:** _____

Email: _____

Phone Number: _____

Details of Examinations passed (Self-attested copies of certificates to be attached)

Medical College	University	State	Month/ Year	% of Marks

Date of completion of internship: _____

Date of completion of MD (post-graduate training program): _____

Names of Professional References:

Reference #1

Name: _____

Job Title: _____

Employer: _____

Email: _____ **Phone Number** _____

Reference #2

Name : _____

Job Title: _____

Employer: _____

Email: _____ **Phone Number** _____

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Appendix 1

Component of Fellowship	Item	Description	Assessment Techniques
Transition to Discipline	Orientation weeks (2 weeks)	Provide introduction to PPC, determine research project mentor, location of clinical placements, supervision mentor	Successful completion of assignments, selection of mentors, clinical placement locations, & research project
Formal Teaching/ Learning	Overall	Expected to require 8hrs/week	
	ECHO 3.0 (1.5h/week)	Fellows will participate in ECHO 3.0 on PPC, this course includes 25 x 1 hr sessions, plus additional self-study (reading and watching videos) -expected to require 1.5hrs/week	Attendance, participation in discussion, completion of assignments
	Academic Teaching and Study (3h/week)	Faculty will provide suggested learning materials and engage in learning sessions with fellows Will include case presentations, discussion and formal teaching	Completion of discussions with faculty, related to specific EPAs
	Journal Club (4 x year)	Fellow will present twice per year	Journal Club Evaluation Form
	ECHO PPC for Nepal (or another setting)- 10 sessions (3 hrs/wk x 10 weeks)	Fellow will take on leadership role in shorter ECHO course during second half of fellowship, will assist with organization and leadership as well as teaching program -May be for home country	Completion of facilitator training, participation in leadership team, conduct sessions as facilitator
Scholarly Activity (Research or QI)	Overall	Will be assigned a research/QI project supervisor, who fellow will meet on quarterly basis	Completion of project with presentation during final week of fellowship Completion of research meeting forms and interim reports
	Scholarly Project (1.5h/week)	Fellow will complete a scholarly project and is expected to present the project at the end of their	Submission of final research report Poster presentation at conference

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		fellowship, as well as at national or international conference (poster or presentation)	
	Research in Progress Rounds (4x/year)	Fellow will present twice per year (once at the beginning with initial project idea and once near the end) to receive feedback on their presentation	Research in Progress Evaluation Form
Supervision	Monthly meeting	Fellow will be assigned a professional supervision mentor (1 meeting/month)	Completion of meeting form after each meeting
	Quarterly Meeting with program director	Program director is supervisor of overall academic program, Program director reports on fellow's progress to Residency Program Committee	Completion of self-evaluation form during each meeting
Clinical	Overall		
	Local Clinical Exposure (2 months)	Can be in adult or paediatric palliative care, in home country, paired with assignments to assess the services and how the meet patients' needs	Rotation Evaluation by clinical supervisor Assignments
	International PPC Exposure (2 months)	Will be in pediatric palliative care at regional Centre of Excellence for PPC	Rotation Evaluation by clinical supervisor Assignments
Assessment	Overall	Emphasis on EPA-focused assessments	Final Assessment Document
	Viva (12 per year)	Practice Viva station with assigned faculty member, provides structured clinical assessment of clinical skills (e.g. assessment of pain, communication with child, etc)	Completion of Viva Marking Document for each
	Formative Exam (4 and 8 m)	SAQ and MCQ exam, twice during fellowship to provide fellows with feedback on their progress.	Completion with passing score

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	multi-source feedback 1/yr	Receive feedback from multi-disciplinary team	Written feedback
	self-reflections (4 and 8 mo)	Written reflections by fellow about own learning and progress in achieving competency in PPC	Submission of written self-reflection essay
	teaching evaluations 2/yr	Assessment by supervisor of teaching given by fellow, fellow develops skill in teaching PPC both to physicians, as well as nurses and allied health professionals	Teaching evaluation form
	Final Exam	Written and Viva-mapped to EPAs/Objectives	Passing Score on both exams

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Appendix 2

Clinical Placements (may include)

Hyderabad Centre for Palliative Care (and affiliated programs in Hyderabad, India)

Fellows will spend 8 weeks on clinical rotations with the comprehensive model of PPC in Hyderabad, including inpatient and outpatient hospital care, hospice, and home-based care. There is the option to observe rural palliative care programs.

Local Palliative Care Services

Three local placements will be conducted by the fellow, each for 2 months duration. During the orientation week, the fellow will identify the local adult and pediatric palliative care services in their country where they will be placed for clinical placements to understand how palliative care is delivered in their own country. The fellow will observe and participate in these services and will reflect on how the services are adapted to the local situation and resource constraints. The fellow will identify and describe the roles and training of all team members, to further explore the needs of a skilled palliative care workforce. The third placement should focus on community based care, and include hospice and home-based palliative care, if available. Alternative community placements may include primary health programs in slums or remote/rural areas, programs for children with disabilities or chronic conditions or other community based programs as determined in consultation with local contacts and the fellowship program directors.